



Request for Service Credit Cost Information — California National Guard Military

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number

Section 1

If we have provided cost information to you in the past for this type of service credit purchase, check the Yes box and indicate the date your request was submitted. If you have submitted a retirement application, check the Yes box and indicate your planned retirement date.

About You

Have you requested this cost information before? ☐ No ☐ Yes

Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes

Retirement Date (mm/dd/yyyy)

Are you currently in the California National Guard? ☐ No ☐ Yes

Former Name (if applicable)

Current Employer

Mailing Address

City

State

ZIP Code

()
Daytime Phone

Section 2

List your active duty military service dates and type of discharge from your Military Certification.

California National Guard Military Service Dates (attach certification)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Type of Discharge

Section 3

Sign and date the request form. Make a copy for your records.

Attach a copy of your military documents.

Certification

I hereby certify that the above information is true and correct.

Member Signature

Date (mm/dd/yyyy)

Section 4

To be completed by the Military Department for service while under Title 10 and/or Title 32.

Title 10 and Title 32 Service

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Type of Discharge

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000

Put your name and
Social Security number
at the top of every page.

Your Name

Social Security Number

Section 5

Emergency State Active Duty Service

To be completed by the
Military Department
for service while under
Emergency State Active
Duty (ESAD).

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Type of Discharge

Section 6

Statement & Signature of Certifying Officer

To be completed by the
Certifying Office with the
Military Department.

I hereby certify that the above information is true and correct.

Signature

Title

Date (mm/dd/yyyy)

Return this request
form to the member.

Printed Name

()
Daytime Phone

()
Fax